

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N99000000354

1. Entity Name

The Recovery Foundation, Inc.

FILED

02 MAY -1 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

10800 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 540

City & State

Miami, FL

Zip

33161

Country

U.A.A.

3. Mailing Address

same

Suite, Apt. #, etc.

same

City & State

same

Zip

same

Country

same

4. FEI Number

31-1652541

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Ferrell Schultz Carter Zumpano & Fertil

Street Address (P.O. Box Number is Not Acceptable)

201 South Biscayne Blvd.

34th Floor, Miami Center

City

Miami

FL

Zip Code

33131

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: DS  
NAME: Adam Trop  
STREET ADDRESS: 777 Arthur Godfrey Road, 2 Floor  
CITY-ST-ZIP: Miami Beach, FL

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: DT  
NAME: Scott Roberts  
STREET ADDRESS: 1332 Funston Street  
CITY-ST-ZIP: Hollywood, FL 3019

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: DP  
NAME: Elizabeth Roberts  
STREET ADDRESS: 1332 Funston Street  
CITY-ST-ZIP: Hollywood, FL 33019

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS: 700005415817  
CITY-ST-ZIP:

TITLE:   
NAME:   
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CITY-ST-ZIP:

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TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Shen E. Nott  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 (305)371-8585  
Date Daytime Phone #

CR2E034B (12/01)

ACCOUNT FILING COVER SHEET  
WALK IN

ACCOUNT #: FCA000000014

CORPDIRECT AGENTS  
103 N. MERIDIAN STREET  
TALLAHASSEE, FL 32301  
850-222-1173

CONTACT:

Pam

DATE:

5-1-02

REF #:

0472

CORP. NAME:

The Recovery Foundation, Inc.

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

02 MAY - 1 AM 10:39

RECEIVED

PLEASE FILE THE ATTACHED ANNUAL REPORT AND ISSUE A:

( ) CERTIFIED COPY ☒ PLAIN COPY ( ) GOOD STANDING

PLEASE DEBIT OUR ACCOUNT IN THE AMOUNT OF \$

150.<sup>00</sup>

AUTHORIZATION:

Office